<u></u>	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: United States Court of Appeals for the Federal Circuit 717 Madison Place, N.W. 3 Washington D.C. 20439 	A. Peceived by (Please Print Clearly) C. Signature X Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	3. Service Type Dertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-00-M-0952